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ABSTRACT

This paper reviews some of the things that can and need to be done in the area of allied health professions. The federal government must be willing to commit funds in the direction of the allied health fields. A start has been made, but more help is needed. Aid must also come from state governments and private sources. The colleges and universities will have to put forth a united and joint effort also. Cooperative planned programs are a must if those in higher education are to do the job the public expects of them. Since there is no lobby, the educators in this field must become a powerful and potent lobby, publicizing the needs of the profession, and meeting the demands of the medical profession, of the students, and of society. (Author/KJ)

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by

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NEW INITIATIVES - ALLIED HEALTH PROFESSIONS

I appreciate having this opportunity to report for the Allied Health Professions Committee. This is a relatively new committee with representation broadly based, but even with this wide geographical representation, we have been able to establish liaison with the American Medical Association, National Student Health Association, National League for Nursing, and others. As a result of our committee's activity and this liaison, this paper has been produced.

In light of the difficult times facing the colleges and universities on many fronts, I realize that it is impossible for us as administrators to be able to devote unlimited energies to the health services; therefore, I hope that my talk will serve as a brief refresher of some of the things that can and need to be done in this extremely important, and yet often overlooked, area of study.

A recent survey conducted by an AASCU Task Force was able to identify 55 different health-related professions, including such fields as Biostatistician, Inhalation Therapist, Mycologist, Radiation Engineer, and Virologist. An interesting footnote is that the list of professions is getting longer each year as the demand for more expertise in the allied health services increases.

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What agency, if not the colleges and universities, will become the leader in this regard? Certainly we must be realistic enough to acknowledge that the private sector can ill afford to underwrite such an undertaking, because the financial burden is just too great. Even the colleges and universities which already have some facilities that can be utilized, as well as personnel that can be channeled into new directions, will have to rely on massive governmental assistance if the kind of training that meets the needs in these auxiliary health professions is to be satisfied.

Financial assistance will have to become more and more the responsibility of the federal government, which collects two-thirds of all tax revenue in this country. Therefore, it is reasonable to assume that with this power to collect, the federal government must also be willing to commit funds in the direction of the allied health services. It is well to keep in mind, that with its major role in the collection of revenue, the federal government through its program of Medicare and Medicaid has become far more heavily involved in the financing of health care than ever before. Yet these very programs are placing an additional strain on the nation's health manpower and health care facilities, and as a result, the federal government will have to assume this additional financial obligation. The need for federal assistance is very clear, the way to achieve that assistance is not so easily defined.

A step in the right direction, we feel, was the passage during the last session of Congress of Senate Bill 3586 which amended Title VII of the Public Health Act. Given the name of "Health Training Improvement Act of 1970,"

it provides for grants to construct teaching facilities for allied health personnel. The Act funded grants for $20 million for fiscal year 1971 and increases the funding to $40 million by 1974.

Additional funds were allocated on varying scales for grants to improve the quality of training centers for the development of new teaching and training methods, scholarship grants, work study programs, student loans, and assistance to private institutions for their support. The Health Training Improvement Act is a start, a good recent example, but much more is needed, and more is needed now.

By insisting that the federal government play a larger and more significant role in financing the allied health services, we should not avoid overlooking additional support from state governments as well as from private sources. Assistance from these two segments should be encouraged because they have at their command the funds that can be well utilized in health training. Support for all related aspects of the health services must come from various parts of the social and economic spectrum; perhaps shared in proportion by their ability to assist. One can never say to whom the medical profession and its allied health services belong, therefore it is desirable to use the broadest base possible.

As we continue to encourage funds from a variety of sources, we must also realize that to accomplish any of our goals, the colleges and universities will have to put forth a united and joint effort, because both have major roles to play. The university has become more and more involved in graduate programs, while the colleges have just begun to recognize that a greater

emphasis is being placed, not only on the four year degree in the allied health professions, but in the continuing education and advancement of professionals already working in the various fields. The community colleges can only be expected to assist at the technical level; therefore, the training for the bachelor degrees rightfully belongs to the four year institutions who must fill the gap that exists between the community colleges' two year programs and the universities' graduate programs.

I am concerned that the public is aware of a lack of cooperation between the colleges and universities relative to the training in the health professions. Unfortunately, higher education has often been at opposite poles during the past few years and little has been done to improve the preparation of persons for these essential professions. I feel that a recent $200 million bond issue on the California ballot regarding the building of medical facilities would have passed if funds had been included for the state colleges, as well as the university.

Again, with my state as an example, the California Medical Association is strongly considering the requirement that all M. D.'s, to maintain their license, return to school on a regular basis to be reinstructed in the latest medical information and techniques. Realizing that the primary obligation will rest with the medical schools, the colleges and universities can make important contributions with their own new and progressive curricular offerings in such fields as advanced anatomical science, bio-chemistry, bio-engineering, computer science and data processing -- the list goes on and on. The unique aspect is that the colleges and universities are

prepared with their upgraded knowledge and teaching techniques in specialized areas, whereas the medical schools might have to do considerable revamping to satisfy the purpose of this program. We can, if properly prepared, become a viable force ready to assist the physician who turns to us for updated technical information, while at the same time using the facilities and knowledge we have at our disposal to train the undergraduate student in the health professions.

Cooperative, planned programs are a must if we in higher education are to do the job the public expects of us. Studies should be undertaken immediately to determine where we are now and where we plan to go in the future relative to our own particular geographical regions. This means, of course, we take the leadership initiative. What is needed in the Bakersfield area may not be the same as in Denver or in Atlanta, but with you administrators assembled here beginning to talk about and evaluating what your own institution can and is doing in the allied health professions, we are taking a very important step in the right direction.

There is little national leadership in this regard; lobbyists are relatively few and far between, and as a consequence, almost a grass-roots type of dedication by the leaders in higher education is required. We must become the aggressors, innovators, and creators, because we are accountable to our students and to our society. We, through AASCU and individually, must become a powerful and potent lobby, demanding that our story be heard.

Dr. Roger Egeberg, Assistant Secretary of Health, Education, and Welfare, recently stated that "The U. S. needs about 50,000 physicians,

a couple hundred thousand nurses, and almost 150,000 more technicians." These are the needs now, just think what they will be in a few years.

According to the Carnegie Commission Report on Higher Education and the Nation's Health, "One inescapable result of greatly increased medical knowledge and technology has been the rapid specialization of health care personnel. Not only have professional health care workers become increasingly specialized, but they have steadily become a relatively more significant component of the labor force. Today almost four million civilian workers are employed in health care, and yet only one-tenth of that total are physicians."

We are, at all levels of medical training, producing inadequate numbers of qualified persons to meet the ever-growing demands of our expanded population.

In this country we can channel our efforts to land a man on the moon, but we still rank 19th in male life expectancy, and 6th in female life expectancy. Infant mortality statistics, comparing us to the leading 22 industrial nations, rank the United States a sad 15th. These figures stand for themselves as proof that there is a job to be done.

Let me share with you some statements and observations regarding the demand for more manpower, and as you listen, try to visualize constructive programs that could be implemented to help in their solution.

In a 1967 AASCU report entitled, Opportunities for State Colleges and Universities in Health Related Fields by Mrs. Margaret West, it was stated that:

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"In looking to the future for training, it seems inevitable that we are going to have a team giving health services and working together for the good of the patient. There must, then, be some recognition at the educational level of that working together. There must be some body of knowledge, some common language, some way of communicating."

The Health Manpower Perspective of the Department of Health, Education, and Welfare noted, and I summarize:

1. A greater need for inter-disciplinary programs.
2. The same type of federal support that spurred science in the 1950's and 1960's.
3. Innovations incorporated into the curriculum.
4. Teachers for the newly developing health sciences (this is one of the most important).
5. This work force must double in five years.

To conclude, the task ahead is great, and the road to follow not too clearly marked; but then has higher education ever backed away from a new challenge? I repeat that the initiative rests on our shoulders, we of the people's colleges. If we do not respond and rise up to meet the demands from the medical profession, from our students, and from society, our prerogatives and opportunity to lead will be assumed by someone else, and we may find ourselves as the followers, instead of what I feel is our rightful place as the leaders in education.